

SIERRA VISTA UNIFIED SCHOOL DISTRICT
PARENTAL CONSENT AND RELEASE FORM FOR FIELD TRIPS

My child, _____, has permission to participate in the field trip to the _____ (“activity”) on _____ / _____ / _____. I understand that this activity involves travel to and from _____.

CONDUCT DURING ACTIVITY

I understand that my child’s participation in the activity is a privilege, and not a right. I acknowledge that I have spoken with my child about my child’s need to comply with the specific rules and requirements established for this activity; all school policies and procedures; rules of conduct set forth in the Student Code of Conduct; and, state and federal regulations and laws. I understand that all school rules and policies apply to my child, chaperones (including myself, if attending) and the other students during the field trip.

TRANSPORTATION PERMISSIONS AND WAIVER

If Sierra Vista Unified School District (“Sierra Vista”) provides transportation, students will be transported in a bus or van provided by Sierra Vista and driven by an individual authorized by Sierra Vista. I understand that if I consent to school-provided transportation, my child will be expected to follow all applicable laws, regulations and school rules related to transportation in a motor vehicle and to follow all directions provided by the driver, faculty, staff or volunteers.

I have read the conditions of utilizing the following form of transportation and accept the following conditions for my child:

School-provided transportation. I elect to have Sierra Vista transport my child to the activity. I hereby assume any expenses or liability relating to my child in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses. I further hereby WAIVE AND RELEASE Sierra Vista and any assigned employee(s) from any and all claims that I might have or that I could bring on my child’s behalf with regard to any damages, demands or actions arising out of injury or property damage caused by the actions of my child or any third parties during transportation to the activity. I confirm that if I so choose to pick up my child from the field trip location I must sign and submit the Parent Pick Up Release form.

I also understand that I may refuse to sign this form. **If I refuse to sign, my child will not be permitted to participate in the activity.**

ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND WAIVER

I understand that this field trip may expose my child to some risks and I assume any such risk that may arise. If there are special risks associated with the activity, they are described in an attached document. I understand that in the case of accident or injury, Sierra Vista’s insurance coverage may be limited, and I and my child should seek coverage from our own healthcare insurer and/or the insurer of a negligent third party responsible for injury.

I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation. I understand that I am solely responsible for obtaining and keeping my and my child's personal possessions, documents, money, travel tickets (as needed) and other property safe. I WAIVE AND RELEASE Sierra Vista and any assigned employee(s) from any and all claims for expenses or losses to personal property of any nature and amount.

Sierra Vista has the right to make cancellations, changes, or substitutions in the course, agenda, program, assigned employee(s), travel arrangements, or other arrangements for services if conditions or circumstances change significantly or if the interests of the group change.

In case of accident or serious illness, I request that the school contact me. If I cannot be reached, I hereby authorize the school to call the physician or hospital indicated in the attached "Medical Information Form" and follow instructions from such physician or hospital. If it is not possible to contact this physician or hospital, the school may make whatever medical arrangements are necessary. If there are any special instructions regarding medical treatment of my child, including any information regarding allergies or drug reactions, I have included that information in the attached "Medical Information Form".

By signing this form I hereby release Sierra Vista, its Board, its Board members, administrators, directors, officers, teachers, employees, agents, assigns, and volunteers ("released parties") from and against any and all claims, demands, actions, complaints, suits or other forms of liability that any of them may sustain (a) arising out of my child's failure to comply with local, state, and federal laws and school policies, procedures, and the Code of Conduct; (b) arising out of any damage or injury caused by my child; or, (c) arising out of a parent/guardian/or other designated driver's operation of a motor vehicle in relation to this activity. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

SIGNATURE

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child. Students who are 18 years of age or older and not dependents may sign this form instead of having a parent or legal guardian do so.

Signature of Student's Parent/Legal Guardian

Date:

Signature of Student 18 years of age or older
and not a dependent

Date:

SIERRA VISTA UNIFIED SCHOOL DISTRICT
MEDICAL INFORMATION FORM

Student name: _____ DOB: _____

Parent/legal guardian
name(s): _____

Telephone no(s) _____

Home address: _____

Email(s): _____

Secondary emergency contact: _____

Telephone no: _____

Name of doctor or hospital emergency department: _____

Telephone number of doctor or hospital: _____

Medication information (if any): _____

Insurance Carrier: _____

Special instructions: _____

PARENT PICK UP RELEASE

I, _____, am picking up my child _____ from
_____ (“Field Trip”) in my own vehicle on ____ / ____ / ____.

I hereby assume all risks, expenses, or liabilities relating to the pick-up and transportation of my child from the Field Trip. I further hereby WAIVE AND RELEASE Sierra Vista Unified School District from any and all claims or liability that I might have or that I could bring on my child’s behalf as a result of injury or property damage caused by an accident or occurrence during the time I am transporting my child.

Signature of Student’s Parent/Legal Guardian

Date: